

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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Received

MAR 29 2018

By: 

COMPLAINT INVESTIGATION FORM

*If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: March 29, 2018 Case Number: 18-95

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Courtnee Morton, DVM
Premise Name: Durango Equine Veterinary Clinic
Premise Address: 20908 W. Durango Street
City: Buckeye State: AZ Zip Code: 85326
Telephone: (623) 386-2928

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Teri Bowman
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Frosted Hawk
Breed/Species: AQHA registered horse
Age: 2 at time of treatment Sex: Gelding Color: Palomino

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Courtnee Morton, DVM - Durango Equine Veterinary Clinic
20908 W. Durango Street
Buckeye, AZ 85326
623-386-2928

Rene Andrea and Rachael Liepman
Chaparral Veterinary Medical Center

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Randy Bowman [REDACTED]
Raymond Runner [REDACTED]
ShaNae Baron [REDACTED]
Dr. Alan Clark [REDACTED]
Dr. Renee Andrea [REDACTED], Chaparral Veterinary Medical Center, Cave
Creek, AZ
Dr. Rachael Liepman [REDACTED], Chaparral Veterinary Medical Center, Cave
Creek, AZ

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Leri L Bowman

Date: 3/29/18

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Courtnee Morton, DVM - Durango Equine Veterinary Clinic
20908 W. Durango Street
Buckeye, AZ 85326
623-386-2928

Rene Andrea and Rachael Liepman
Chaparral Veterinary Medical Center
32100 N. Cave Creek Rd.
Cave Creek, AZ 85331
Fax: 480-595-1640
480-595-8600

Dr. Alan Clark
Clark Equine Medical Clinic
1007 East 1000 South
Albion Idaho 83311
208-673-6632

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Randy Bowman [REDACTED]

Raymond Runner [REDACTED]

Shanae Baron [REDACTED]

Dr. Alan Clark [REDACTED], Clark Equine Veterinary Clinic, Albion Idaho

Dr. Renee Andrea [REDACTED], Chaparral Veterinary Medical Center, Cave Creek, AZ

Dr. Rachael Liepman [REDACTED], Chaparral Veterinary Medical Center, Cave Creek, AZ

Dr. Dan C, (DVM) Ask a certified professional DVM - documentation attached

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Attached is a detailed outline of events that took place regarding Frosted Hawks veterinarian treatments.

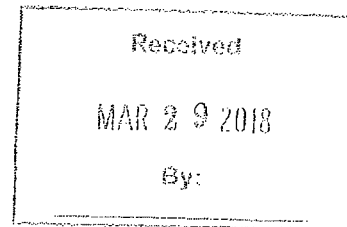
To summarize main complaint:

* Dr. Morton treated Frosted Hawk prior to knowing exactly what was wrong with him.

* Dr. Morton's treatment for Frosted Hawk was very aggressive, which cause antibiotic-induced colitis, She treated him with aggressive antibiotics based on only knowing the following:

- He wasn't eating very well, was starting to get a lethargic, and a little weak.
- Had been stocked up in his legs when initially hauled from Idaho to AZ (after exercise subsided within approx. 36 hours)
- Was still drinking normal, passing normal stools, and peeing normal.
- Temperature was in the normal range, at the time it was 99.4F.
- Had red gums, which could indicate signs of inflammation, (gum color changed frequently from light pink to red over several days)
- Had an elevated SAA (Serum Amyloid A test) of 821; most veterinarians know that you should never treat a horse based on SAA alone, as it doesn't necessarily point to having an infection.
- No reasoning behind performing the nasogastric intubation (tubing with water/oil/ electrolytes/anti-gas/acids medications) a rectal palpation was performed and Frosted Hawk was not compacted, therefore this treatment was not necessary.
- Lungs and respiration sounded normal (document test results were in normal range)
- Re-breathing exam was normal
- GI sounds present and gassy (probably means digestive issue verses infection, and therefore the reasoning for not eating well)

Arizona State Veterinary Medical Examining Board
1740W. Adams St., Suite 4600
Phoenix, Arizona 85007



This complaint is due to treatment provided by Dr. Courtnee Morton, a veterinarian practicing at Durango Equine Veterinary Clinic, to a horse named Frosted Hawk (AQHA registered name Merridocs Frosted Hawk).

Frosted Hawk symptoms were mainly not eating well, somewhat droopy and lethargic looking, with no fever. He did not have diarrhea prior to being administered an aggressive amount of antibiotics, commonly known to cause colitis (severe diarrhea).

Frosted Hawk had all the signs and symptoms associated with antibiotic-induced colitis, within 2 days of being aggressively treated with antibiotics. However, no veterinarian who treated Frosted Hawk while he was in Arizona could determine what was wrong with him. Supporting documentation and veterinary papers are attached, that demonstrate Frosted Hawk's signs and symptoms after being treated by Dr. Morton point directly to antibiotic-induced colitis.

Our horse will never be the same after this incident. We have invested a lot into Frosted Hawk to save his life (approximately \$9206) not knowing if we will ever get this back, as most veterinary insurance providers will more than likely make the determination that what Dr. Morton provided met the "Standard of Care Practice" for any horse in Frosted Hawk's conditions. Several veterinarians disagreed with the initial treatment Dr. Morton provided, and basically said, it didn't meet the standard of care, as they each would have not provided such aggressive amounts of antibiotic initially. Each veterinarian said they would have run additional tests prior to making any treatment assumptions. We would like to be reimbursed for all veterinary related fees associated with original treatment provided by Dr. Morton, \$9206.60, however there is a good chance we will never get reimbursed, therefore we at least like to ensure this never happens to anyone else's animals. Our animals are like family and it has been such a disheartening standard of events that almost took the life of our horse Frosted Hawk, please don't let this happen to anyone else's animals.




Supporting documentation is attached:

- Compliant form
- Summary of events
- Veterinarian correspondence and documentation
- Invoices

If you should have any questions or need additional information, please do not hesitate to contact me.

Respectfully,


Teri Bowman

Summary of event on Frosted Hawk (Registered name MerridocsFrostedHawk) a coming three year old AQHA registered Gelding

12/22/17 – Frosted Hawk was hauled to Tonopah AZ from Pocatello ID. Prior to leaving Idaho he was seen by Alpine Animal Hospital to get his health and Coggins certifications prior to being hauled. Dr. Lundquist gave him a clean bill of health, as a matter of fact Frosted Hawk had never been sick a day in his life. Was current on all vaccinations.

12/23/17 – Frosted Hawk's legs were stocked up, due to the long haul from Idaho to AZ, at which time he was exercised for 45 minutes. By mid afternoon the swelling in legs had subsided somewhat. The night of 12/23/17 all four legs were wrapped with Back- on-Track boots.

12/24/17 – Frosted Hawk's legs were still slightly stocked up (Swollen). He was exercised for another 45 minutes, and was given another 5cc of paste Butte. By mid-afternoon swelling in legs was gone. He seemed to be doing quite well, however he was not eating as well as he normally does. He was still eating all his grain, but was picking at his hay.

12/25/17 – Frosted Hawk was still picking at his hay and now was not really eating all of his grain, which is not normal for him, he was drinking well. He was passing normal solid stools and peeing normal. His temperature was in the normal range at 99.1F. We expected that he may have gotten a little stressed from the 12 hour trip from Idaho to Arizona, even though he has been hauled several times without any issues.

12/26/17 - Frosted Hawk's system remained the same as the previous day, he was a little droopier; he was still drinking water and semi-nibbling at his feed, temperature was still in the normal range at 99.2F. He ate a little more of his feed during the evening hours.

12/27/17 – Frosted Hawk started to look a little lethargic, but all signs appeared to be normal. His temperature was still in the normal range at 99.2F. He was still drinking well, passing normal stools, and peeing normal. He did not eat any of his feed this day. It was noticed that his gums were a little red, so we began to wonder if he could potentially have inflammation somewhere that we just weren't seeing. I started asking around about vets in the area, using Face book, I received many responses. The closest veterinarian service to where we were located was in Buckeye at the Durango Equine Veterinarian Clinic. I called and made an appointment. They were able to fit him in on 12/28/2017.

12/28/17 – Frosted Hawk was still just nibbling at his hay, drinking water, passing normal stool, peeing normal, and temperature was still in the normal range at 99.3F, but still looked lethargic, had red gums, and showing some signs of fatigue/weakness. His gums were changing from Red to light pink frequently, so very hard to determine what was going on with him.

We arrived at the Durango Equine Veterinarian Clinic mid-morning and were greeted by Dr. Morton, and right from the start, before even doing any evaluation said, "You have a very sick horse here", which surprised me, as she hadn't even looked at him or performed a visual assessment on him. Dr. Morton made her initial determination from what Frosted Hawk looked like, not from a medical evaluation. I told her that he looks droopy and somewhat lethargic due to the fact that he was not eating very well the past few days, but all other signs were normal, he was drinking, passing normal stool, peeing, and his

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temperature was in the normal range. Dr. Morton checked his gums and said, "They are really red". I told her we had been checking his gums and that they were definitely redder than our other horses, but not all the time, they were changing quite frequently from light pink to red. At this time she took his temperature and it was still in the normal range of 99.4F, she listened to his lungs, and performed a rebreath exam, which were all normal. She performed a SAA (Serum Amyloid A) Test, as it was a quick test to determine inflammation and possible infection. The results came back elevated at 821. At which time she rambled off a bunch of things they needed to do immediately to get the SAA levels down (see attached invoice for all medications that were initially administered, based on the SAA test results alone) Dr. Morton said Frosted Hawk had a severe infection and was extremely sick and contagious. Which I asked how can you determine that off of one test? Dr. Morton said the SAA test is a proven test to indicate severe infection and inflammation.

We understand that possible antibiotics could have been needed, if Frosted Hawk truly had an infection, but everyone knows that SAA test results is not an infinite test to prove infection, it is only a biomarker that helps to indicate early inflammation and /or possible infection. It can be a useful test, but should not be the only test performed prior to making a definitive decision on treatment. Other types of indicators should be performed, such as Fibrinogen and CBC (complete blood count) and possibly a Succeed test, where all indications were pointing to a digestive issues, not an infection, before making a final decision to administer excessive antibiotics or to even perform a nasogastric intubation and medication (tubing with water/oil/electrolytes/anti-gas medications), especially when all other test and signs didn't indicate infection or constipation/compaction. When Dr. Morton was asked about the need to perform the nasogastric intubation she said to get him eating again and that Frosted Hawk not only had a severe infection, he also had colic. Frosted Hawk had no signs of Colic, he was passing normal stool, wasn't laying down a lot, or showing any signs of colic. As a matter of fact he didn't show any signs of having an infection either. We requested that additional blood work be done, at which time Dr. Morton pulled blood to run a CBC-Chem. Panel-Fibrinogen determination. These results ended up coming back in the fairly normal range, indicating no need for the aggressive treatment of antibiotics and other drugs and treatments provided to Frosted Hawk by Dr. Morton. However, she administered several different type of medications, such as 20ml in muscle of Excede (Ceftiofur) 200mg/ml, 2 - 26ml (total of 52 mls on top of the Excede antibiotic) in muscle of Gentamicin 100mg/ml, 20ml IV of Flunixin Meglumine 50mg/ml, buscopan IV 20mg/ml, 25ml, IV banamine, etc. (Treatment Invoice is attached) Please note that Frosted Hawk is an 850lb horse. Dr. Morton also sent us home with 4 additional shots of 26ml of Gentamicin 100mg/ml and told us to give him this antibiotic daily for the next 4 days. Dr. Morton also said she would call us on 12/29/17 with test results from the CBC-Chem. Panel-Fibrinogen. Frosted Hawk was to have a follow up appointment at Durango Equine Veterinary Clinic on 1/2/17 at 9:00am.

12/29/17 - Frosted Hawk was still picking at his food, but now was drinking excessive water, and was starting to get diarrhea, his gums were fairly normal and his temperature was still normal at 99.4F. Waited most of the day to get the test results from Frosted Hawk's blood work; tried calling several times and left Dr. Morton 2 messages. Later in the afternoon Frosted Hawk appeared to be eating a little better, but had increased diarrhea and was still drinking excessive water. Dr. Morton finally returned our call and said the diarrhea was normal and would go away in a couple days, and to go ahead

and give him another shot of 26 ml of Gentamicin 100mg/ml, so we gave Frosted Hawk the shot around 5:30pm. Still no test results from Frosted Hawks blood work.

12/30/17 – Frosted Hawk only ate a little of his grain and no hay, his diarrhea increased, to where it was a slurry of manure and water. He was still drinking excessive water; temperature was still in the normal range of 99.4F. We called Dr. Morton and explained our concerns of the increased diarrhea and informed her we would not be giving Frosted Hawk anymore of the Gentamicin (antibiotic) 100mg/ml, as we felt the aggressive amounts of antibiotics was the cause of the diarrhea, as he never had diarrhea, until after being treated at Durango Equine Veterinary Clinic. Dr. Morton informed us that was not the case and that the nasogastric intubation was probably the main contributor to the diarrhea and should pass in a day or two, and that we should continue to antibiotics, because his SAA test results were extremely elevated. We did not continue giving Frosted Hawk anymore antibiotics. We are still confused as to why the nasogastric intubation was even performed on Frosted Hawk, as our life long family veterinarian, Dr. Alan Clark, with Clark Equine in Albion Idaho, said if he wasn't compacted, it wasn't necessary.

12/31/17 – Frosted Hawk now had severe diarrhea, was doing nothing but drinking water, which was passing straight through his system, was hardly peeing. This was very alarming to us, so a friend advised us to take him to Dr. Ellis Farstvedt at the Buckeye Equestrian Park, as he was the vet on site for the barrel race there. Dr. Ellis Farstvedt evaluated him, check his temperature which was still in the normal range of 99.4F, he wasn't sure what was going on with the horse, but said due to the severe diarrhea that Frosted Hawk was getting dehydrated, and that is why he was drinking so much water, as he was trying to hydrate himself. Dr. Ellis felt that Frosted Hawk may have antibiotic-induced colitis (aka severe diarrhea). Dr. Ellis Farstvedt recommended Chaparral Veterinary Medical Center in Cave Creek AZ, so we call them and took Frosted Hawk straight to Chaparral Veterinary Medical Center. Still no test results on Frosted Hawk for the blood work done on 12/28/17 by Durango Equine Veterinarian Clinic. I requested these results three different times and actually received a response via text from Dr. Morton on 1/1/18, indicating the lab results looked pretty normal considering and that lab results would be emailed to me on 1/2/18. (Still have text correspondence on my phone from Dr. Morton)

12/31/17 - Initial examination by Dr. Renee Andrea at Chaparral Veterinary Medical Center was: Frosted Hawk was quiet, but alert on presentation, decreased jugular fill, and significant watery diarrhea present. Physical exam: Temp 100.3F, HR 72 bpm; RR 38 bpm, contributing factor could be due to antibiotic-induced colitis aka severe diarrhea; WML: MM: Toxic/tacky; CRT: 3sec; GI sounds: increased in all quadrants, Lung sounds: normal, upon admittance, Frost was in hypovolemic shock, due to severe dehydration and had profuse liquid diarrhea. Dr. Renee Andrea, indicated that it was a high probability that Frosted Hawks conditions could stem from the aggressive treatment he received on 12/28/17, especially when the only test result that was used to administer treatment was the SAA test results, all other results did not point to infection.

Fluids were administered to Frost to help hydrate him. A detailed description of diagnosis and treatment is provided in the attached documentation. I believe that the Chaparral Veterinary Medical Center (Dr. Renee Andrea and Rachael Liepman) did help save Frosted Hawked, however some veterinarian, who I discussed the details of Frosted Hawks treatment to gain knowledge and expert

opinions, feel that the excessive bags of Hetastarch, Plasmalyte, and Plasma-Plasmune saturated his body; too many fluids too quickly, made it where his system couldn't take in what was being given, therefore causing him to continue to have severe watery diarrhea and he was unable to absorb the nutrients they were trying to provide him. Also the fact that they didn't perform a fecal transfusion immediately after knowing how many antibiotics Frosted Hawk was administered initially. However he did start to get his appetite back, and started eating all grain and senior feed that was given him, and started nibbling at his hay.

1/2/18 – I requested Dr. Renee Andrea to discontinue providing Frosted Hawk with IV fluids, as he was drinking normal and there was really no sign of significant improvement with all the IV fluids being given and he still had significant diarrhea. I contacted our veterinarian, who has been our vet for over 20 years, and was informed by Dr. Alan Clark at Clark Equine when a horse's body isn't really absorbing what is being provided, they will continue to pass it through their system; liquids in liquid out, which was the case with Frosted Hawk. Frosted Hawk's temperature was starting to get elevated on this day, it was in the 101.9 to 102.9F range starting on 1/2/17. (Contributing factor was more than likely due to the severe colitis, as his colon and backend were severely inflamed).

Frosted Hawk didn't start showing signs of having a temperature until after several days of being at Chaparral Veterinary Medical Center, where he was in an isolated/closed up stall with little to no ventilation. Also he had several days of severe diarrhea and inflammation in the colon and backend. (Note: within 12 to 14 hours of taking him home (where we were staying in Tonopah AZ) his temperature was pretty much back in the normal range, without any additional antibiotics)

1/3/2018 – IV fluids were stopped the previous day, Frosted Hawk was still drinking well and eating all the senior feed/grain and nibbling at his hay. Appeared to show signs of improvement even though his temperature was still elevated, he was weak, and started showing significant edema. Dr. Rachael Liepman indicated that they still will ensure what was wrong with him, except now he has a more pronounced fever, with crackling sounds in the lungs and was showing signs of being depressed. At which time she wanted to run some other test to try and figure out what might be going on with him. A Fecal-McMasters Egg Count 1702 Idexx and a Diarrhea Panel Equine PCR Idexx 2911 were performed, both test results came back negative. SAA test was still elevated and gums were normal color (light pink), still had watery diarrhea.

1/4/18 – Dr. Rachael Liepman recommended performing fecal matter transfusion, within hours of this transfusion Frosted Hawk was passing cow pie like manure. (The Fecal transfusion is something that should have been done on the very first day he was seen by Dr. Renee Andrea). I was informed by Dr. Liepman by doing the fecal matter transfusion, it would help get Frosted Hawk digestive track and stomach working properly again, because the initial antibiotics administered could have killed all the normal bacteria in his GI tract, which is needed to keep GI tract functioning properly. I am still not certain why they waited 5 days to perform the fecal transfusion, as it was the turning point for Frosted Hawk, within hours of getting the fecal transfusion, he was eating better and passing fairly normal stool, however still had a pronounced fever.

1/5/18 – Frosted condition continued to improve, however he had severe edema, due to all the fluids that were administered, and still had a fever. Frosted Hawk Continued to eat, drink and was still passing

cow pie like manure. Dr. Liepman finally got in contact with our family veterinarian Dr. Alan Clark. Please note: Dr. Renee Andrea was asked to contact Dr. Clark on the 1/1/2018, but never followed through. Dr. Liepman was asked to contract Dr. Clark on 1/3/18, but failed to follow through as well, until I requested them to contact him again, as he had been expecting their call. Dr. Liepman finally reached out to Dr. Clark on 1/5/2018, at which time Dr. Clark's concern was that Frost was now showing signs of a fever, with no real test results pointing to infection, they had given Frosted Hawk an excessive amount of fluids, hadn't even walked the horse since he had been in their care (1/31/17 through 1/6/18) thus causing the severe edema. At which time Dr. Clark recommended walking 2 to 3 times a day for up to 15 minutes or until Frosted Hawk showed signs of fatigue. Also due to the fever and crackling noises in the lungs to administer 10 to 15 ml of Naxcel 50mg/cc, as this antibiotic has rare side effects of diarrhea and Banamine to help with any inflammation. Dr. Liepman administered 18ml of Naxcel and 8ml of Banamine late afternoon of 1/5/2018 per Dr. Clark's instructions. However still would not walk Frosted Hawk as recommended.

1/6/18 – Frosted Hawk was picked up from Chaparral Veterinary Medical Center, as none of the veterinarians who treated Frosted Hawk could really provide us with a definitive answer as to what was really wrong with him, other than he probably developed antibiotic-induced colitis, due to the administration of aggressive amounts of antibiotics, causing his body to go into shock and the GI tract functions to shutdown, as previously mentioned.

Our bill was \$8,239.20 on top of the \$723.50 we already spent at Durango Equine Veterinary Clinic and couldn't really afford to put anymore money into him. We love our animals and would do anything for them to ensure they are safe and healthy. But none of the veterinarians who treated Frosted Hawk could provide us any definitive answer as to what was ever even wrong with him in the first place. Chaparral Veterinary Medical Center sent us home with Nexcel, Banamine, and Probios, with instruction to administer daily for 5 days. The Nexcel is an antibiotic with the rare side effects of diarrhea. They felt Frosted Hawk need the antibiotic as his temperature was elevated at the time of discharge.

When we picked up Frosted Hawk on 1/6/17, he still had an elevated temperature, still not sure what was the contributing factor for the fever. He could have been starting to get something, but we find that hard to believe because within 12 hours of having him back to the place we were boarding, his temperature had dropped significantly to 101.5F and we hadn't even given any Nexcel antibiotic prior to his temperature dropping. However, he was in an open well ventilated pen; verse a closed stall (isolation stall) with little to no ventilation, he was also walked as per Dr. Clark's recommendations. The increased respiratory effort and crackles and wheezes were ausculted in his thorax bilaterally, which the edema could have been the contributing factor for this, as within 24 hours this too went away. When Frosted Hawk was picked up he had severe edema, due to all the fluids given him during his hospitalization and never being taken out of his stall and walked the entire time he was there. Dr. Renee Andrea and Dr. Rachael Liepan's response for not walking him daily was because it is against Chaparral Veterinary Medical Center's policy because he was in Isolation. When asked if they determined what was wrong with Frosted Hawk to warrant isolation, neither could answer, as a matter of fact no one who treated him came to a final conclusion as to what was ever wrong with Frosted Hawk, other than the trip to Arizona stressed him, which cause some inflammation (noted on 12/23/17 stocked up legs) and that is why the elevated SAA test results. The treatment provided by Dr. Morton at

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the Durango Equine Veterinary Clinic, was a very aggressive treatment for not knowing what was actually wrong with Frosted Hawk, which seems to be the contributing factor to the downward spiral of events that happened following his treatment by Dr. Morton at Durango Equine Veterinary Clinic.

I ask when considering this case/compliant; why was treatment provided based off an SAA test alone, as any veterinarian should know that SAA test results is not an infinite test to prove infection, it is only a biomarker that helps to indicate early inflammation and /or possible infection. It can be a useful test, but should not be the only test performed prior to making a definitive decision on treatment. Other types of indicators should have been performed, such as Fibrinogen and CBC (complete blood count) and a simple Succeed test, since his main issue was related to not eating well, which points to having digestive issues, not a severe infection as Dr. Morton diagnosed. These are test that should have been performed before making a final decision to administer such an aggressive amount of antibiotics or to even perform a nasogastric intubation and medication (tubing with water/oil/electrolytes/anti-gas medications), especially when all other test and signs didn't initially indicate infection.

Why were so many antibiotics administered initially and why was the nasogastric intubation even performed? Additional tests should have been performed prior to making the decision to provide such an aggressive treatment.

Frosted Hawk's case/condition was discussed with several veterinarians and everyone one of them said, they would not have treated Frosted Hawk based on SAA alone, and that they would have performed additional bloodwork and more than likely a Succeed test", as his issue was mainly related to not eat well, which is an indication of something going on in the GI/digestive tract, possibly caused by the stress of the long trip from Idaho to Arizona. An initial treatment of 8 to 10 ml of Banamine or Dexamethasone for inflammation, until blood results and Succeed test results were available, would have been their first choice, prior to giving any antibiotics.

Several veterinarians also confirmed Antibiotic use in horses can and will cause antibiotic-induced colitis, especially administered to a horse that doesn't need the antibiotic. See attached article provided by Bend Equine Medical Center.

Frosted Hawk is never going to be the same horse due to the trauma he has been through. Our animals are like family so of course we are going to do whatever it takes to save his life, we relied on veterinarians who should know what they are doing, and who shouldn't just administer any medication to any animal unless they are sure what they have or what they are treating. I would like to be reimbursed for all the cost associated with all treatment provided to Frosted Hawk (in the \$10,000 range now). Invoices are attached

No veterinarian in Arizona, who treated Frosted Hawk, was able to provide me a definitive answer to what was ever wrong with Frosted Hawk. One veterinarian (Dr. Morton) administered aggressive amounts of antibiotics, and performed a nasogastric intubation on him that was not even necessary, causing Frosted Hawk's system to go into systematic shock and shutdown. I want to ensure that this doesn't happen to any other animal and that Durango Equine Veterinary Clinic pay for their negligence, as they treated a horse not really knowing what was even wrong with him. No Veterinarian should

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treat a horse based on standard methods of treatment, as each animal is different, each animal reacts different to treatment/medications. After speaking with several certified veterinarians, we feel that the initial aggressive amounts of medications given is the main contributing cause to what happened to Frosted Hawk and believe if Dr. Morton would have waited until the blood result were back that she too would not have treated Frosted Hawk with such an aggressive amount of antibiotics and other treatments. Durango Equine Veterinary Clinic should be held accountable for their negligence, to ensure this doesn't happen to someone else's horse.

The only thing I regret is not taking more pictures, however I have plenty of witnesses that will attest to the information provided within.

Your prompt consideration and investigation into this matter is greatly appreciated. If additional information is needed do not hesitate to contact me.

Respectfully,

Teri L Bowman
Teri Bowman

[REDACTED]

[REDACTED]

[REDACTED]

Witness Information:

Raymond Runner [REDACTED]

ShaNae Baron [REDACTED]

Randy Bowman [REDACTED]

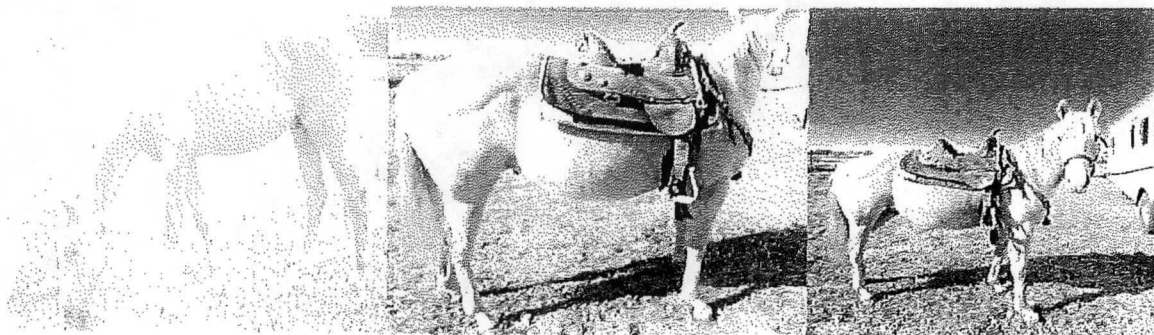
Dr. Alan Clark [REDACTED]

Dan C DVM Horse Veterinarian Response – See attached (ask a certified professional veterinarian)

Dr. Renee Andrea [REDACTED]

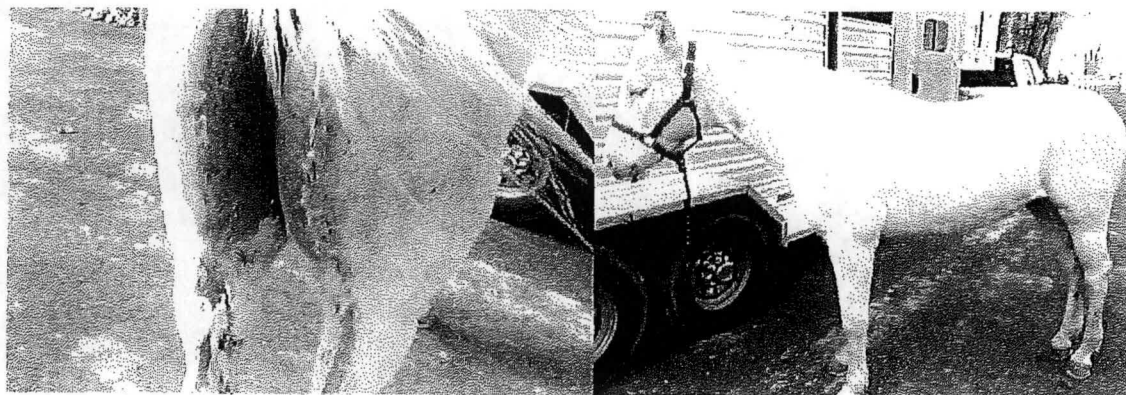
Dr. Liepman [REDACTED]

8/8



Picture 3 months prior to going to AZ

Picture on 12/24/2017 in AZ (Frosted Hawk was normal except for not eating well)



Hair loss and blistered skin from severe diarrhea

1/9/2018 – 3 days after picking him up from CVMC (lost 140lbs)



1/15/2018, starting to gain his weight back but still a long road to go.

Wish the CVMC would have let us take pictures while he was in their care, however pictures were supposedly not allowed.

Correspondence with a Certified DVM.

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18 January 2013 07:26

I had a horse that was a little lethargic...

I had a horse that was a little lethargic after hauling and wasn't eating well, everything else was normal, pooping and peeing normal, normal temperature, etc. However I was worried about him, so took him to a vet and the only thing they could find wrong with him was an elevated SAA, I am trying to see how other vets would have treated this horse base on only having an elevated SAA and everything else being normal.

JA: I'll do all I can to help. It could be an infection. The Expert will know what to do. Is there anything else Important you think the Veterinarian should know about the horse?

Customer: They ran a bunch of different blood work on the horse and still didn't find anything abnormal, except his protein was a little low, due to not eating well. I am trying to determine what the best initial treatment would have been by any vet only knowing that the SAA was elevated and nothing else to prove this horse had an infection of any kind, plus he was still passing normal stools and his temperature was 99.4. I was told an SAA test isn't a guaranteed test to actually tell if a horse has an infection or not, that is why additional blood work should be done prior to providng any treatment.

16 January 2018 07:26

18 January 2018 01:07



Dan C., DVM

Horse Veterinarian

Greetings, and thanks for your question.

SAA, (serum amyloid A), is a biomarker that helps to indicate early inflammation and/or infection in the horse. It can be a very useful test, but using other types of indicators, such as Fibrinogen and CBC (complete blood count) can help to identify how serious, and at times, how long the infection/inflammation has been present. If the other blood tests were within normal limits, especially if the suspected inflammatory or infectious incident were a few days old, then a treatment is normally not indicated.

I would agree that most Veterinarian's would not start a treatment. as SAA is not specific as to inflammation or infection, and for a proper treatment, one must know exactly what type of condition

2/4

is being treated! I would, however, recommend rechecking the bloodwork a few days later, especially if the horse is still not doing well. One possible reason for your horse's SAA elevation could have just been due to the muscle exertion from the trailer ride itself, which can cause inflammation.

I hope this helps to clear any confusion. If you still have questions concerning your concern, please let me know. I'm more than happy to help. How is your horse doing now, by the way?

All the best,

-Dan C., DVM

18 January 2018 01:07

18 January 2018 01:25



Dan C., DVM

Horse Veterinarian

Hope that all was clear for you. Did you any further questions?

-Dan C., DVM

18 January 2018 01:25

18 January 2018 02:58

This response makes much more sense then what the vet did that originally treated this horse, instead of waiting for the blood work to come back they treated this horse we various antibiotics, plus tubed him with mineral oil, acids, electrolytes, and something to coat his stomach, the treatment caused the horses system to go into shock and shutdown. All the antibiotics administered appeared to killed not only the bad bacteria but all the good bacteria causing the horses stomach and GI track to stop functioning properly, causing severe diarrhea which in turn he became severely dehydrated. We almost lost this horse due to his initial treatment.

18 January 2018 07:53

18 January 2018 04:13

3/4



Dan C., DVM

Horse Veterinarian

Thanks for your reply.....however I am extremely sorry to hear that this happened to you and your horse! How is he doing now?

-Dan.

18 January 2018 03:08

18 January 2018 03:14

After spending several days at another vet clinic, and several days of IV fluids, and a fecal transfusion he is on the road to recovery. Still all the vets involved found no type of infection or inflammation all test came back normal, except for after being dehydrated some of his blood work was wacky due to that but the CBC and blood work done to see if there might be an infection were fairly normal, even his stool was tested for worms, and other types of bacteria that could potential be causing him problems, and those test were normal as well.

18 January 2018 03:14

18 January 2018 03:21



Dan C., DVM

Horse Veterinarian

I'm glad to hear that he is doing better. Personally, I would not have treated your horse based on SAA alone and the information you provided, as indicated above. It sounds as if you made the correct choice with having him treated at another clinic. Do you have any other questions I can help you with?

18 January 2018 03:21

18 January 2018 03:25

No thank you. I appreciate your help.

4/4

15 January 2018 01:25

15 January 2018 03:20

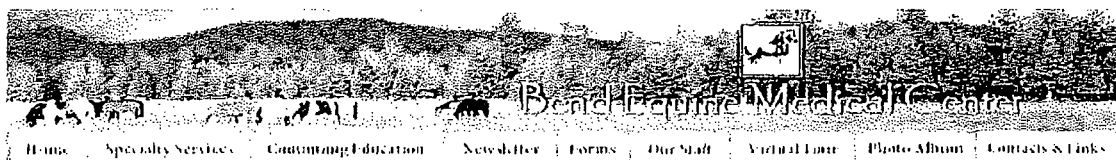


Dan C., DVM

Horse Veterinarian

You are more than welcome. I sincerely hope that your horse makes a complete recovery. If you have any need for help in the future, please let me know.

Take care,



Antibiotic Use in Horses

With the increased use of antibiotics in veterinary medicine, there has also been an increase in the incidence of antibiotic-associated complications. Antibiotics are often misused and overused, or administered by owners without consulting a veterinarian. There are many important factors to consider when choosing an appropriate antibiotic, including the age and health of the horse, whether or not the horse is pregnant, whether or not the horse has an infection, the location of the infection, the duration of treatment needed, and the potential risks of administering the antibiotic. A complete examination is important when determining the appropriate antibiotic therapy to decrease the incidence of treatment complications. Horses can develop allergies to antibiotics and some therapies can be toxic to a horse if they have compromised kidney function. The most common complication is also the most severe and potentially life threatening: antibiotic-induced colitis (severe diarrhea). This article will discuss the cause, incidence, clinical picture and treatment of antibiotic-induced colitis.

CAUSE: Horses can develop diarrhea while on antibiotic therapy due to disruption of the normal gastrointestinal flora. Normal GI flora (anaerobic bacteria and streptococcus bacteria) protect the horse from pathogenic (disease-causing) bacteria by lining the intestinal walls, producing substances that are toxic to pathogenic bacteria and inhibiting their growth in the horse's GI tract. When antibiotics are administered, they can kill off the population of normal GI bacteria, allowing pathogenic bacteria to grow. The decrease of the normal bacteria in the intestine also decreases carbohydrate fermentation and production of fatty acids, which results in reduced absorption of sodium and water in the colon. Some antibiotics are irritating to the GI mucosa, resulting in inflammation, increased secretion and altered motility.

INCIDENCE AND CLINICAL SIGNS: Diarrhea secondary to antibiotic administration typically occurs within a few days of starting antibiotic therapy but can occur several days after discontinuing antibiotics. Broad-spectrum antibiotics are more likely to result in antibiotic-induced colitis than narrow spectrum antibiotics. Clinical signs of disease range from cow pie stool to acute, severe diarrhea that is projectile and watery. Horses are anorexic, depressed, febrile, and typically have elevated heart rates and respiratory rates. The severe diarrhea can be life threatening – horses quickly become dehydrated and can develop sepsis (infection of the bloodstream affecting internal organs), endotoxemia (toxins in the bloodstream), laminitis and shock. Electrolyte and acid-base imbalances are also common.

TREATMENT: Treatment includes hospitalization, aggressive IV fluid therapy, anti-endotoxin therapy, anti-inflammatories, analgesia, nutritional management, frequent monitoring of bloodwork (for evaluation of hydration status, electrolyte abnormalities, internal organ function, and protein levels), and oral medications to help decrease diarrhea. Excess antibiotics provided to horses who don't show signs of having an infection or don't really need antibiotic can be serious, can and will cause diarrhea. Most horses who get diarrhea associated with antibiotics, should be given fluids, electrolytes (due to water loss), and a trichomonicide, followed by a mixture of feces from a healthy horse to reestablish the proper bacterial mixture in the intestines, because more than likely normal bacteria was killed due to the administration of the antibiotics. Treatment is expensive, often ranging from \$1000-1500 per day. Despite aggressive treatment, the mortality rate is high – 50-80% of horses do not survive.

TAKE HOME MESSAGE: Antibiotic therapy is not benign. It is important to be sure antibiotics are warranted prior to beginning treatment. The class of antibiotics (Penicillins, Cephalosporins, Erythromycins, Tetracyclines, Excede, Gentamicin, SMZ-TMPs, Baytril) administered should be chosen based on the bacteria or type of bacteria that most likely is the source of infection. Blood work determination should always be performed prior to treatment of any horse with antibiotics. Your veterinarian should always evaluate your horse first to determine the safest and most appropriate treatment.

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Bend Equine Medical Center
19121 couch Market Road
Bend, OR 97701

1/2

Antibiotic-Associated Colitis

Antibiotic Associated Diarrhea in Horses

With special reference to *Clostridium difficile*

Definition

Antibiotic-associated colitis is an inflammation of the intestines that sometimes occurs following antibiotic treatment and is caused killing normal bacteria and by toxins produced by the bacterium *Clostridium difficile*.

Description

Antibiotic-associated colitis, also called antibiotic-associated enterocolitis, can occur following antibiotic treatment. When antibiotics are given, most of the resident bacteria are killed. With fewer bacteria to compete with, the normally harmless *Clostridia difficile* grow rapidly and produce toxins. These toxins damage the inner wall of the intestines and cause inflammation and diarrhea.

Although all antibiotics can cause this disease, it is most commonly caused by clindamycin (Cleocin), ampicillin (Omnipen), amoxicillin (Amoxil, Augmentin, or Wymox), Excede, Gentamicin (Gentocin), and any in the cephalosporin class (such as cefazolin or cephalexin). Symptoms of the condition can occur during antibiotic treatment or within four weeks after the treatment has stopped.

In approximately half of cases of antibiotic-associated colitis, the condition progresses to a more severe form of colitis called pseudomembranous enterocolitis in which pseudomembranes are excreted in the stools. Pseudomembranes are membrane-like collections of white blood cells, mucus, and the protein that causes blood to clot (fibrin) that are released by the damaged intestinal wall.

Causes and symptoms

Antibiotic-associated colitis is caused by toxins produced by the bacterium *Clostridium difficile* after treatment with antibiotics. When most of the other intestinal bacteria have been killed, *Clostridium difficile* grows rapidly and releases toxins that damage the intestinal wall. The disease and symptoms are caused by these toxins, not by the bacterium itself.

Symptoms of antibiotic-associated colitis usually begin within two to ten days after antibiotic treatment has begun. The early signs and symptoms of this disease include lower abdominal cramps and GI sounds, such as gurgling/gassy, an increased need to pass stool, and watery diarrhea. As the disease progresses, the patient may experience droopy eyes, fatigue, abdominal pain, and fever. If the disease proceeds to pseudomembranous enterocolitis, the patient may also pass large amounts of watery diarrhea, and a very high fever (104-105°F/40-40.5°C). Complications of antibiotic-associated colitis include severe dehydration, imbalances in blood minerals, low blood pressure, fluid accumulation in deep skin (edema), enlargement of the large intestine (toxic megacolon), and the formation of a tear (perforation) in the wall of the large intestine.

Secondary complications that can arise from antibiotic-induced colitis include:

- Endotoxemia
- Septicemia and hematogenous organ colonization by bacteria
- Renal disease
- Immunosuppression and susceptibility to bacterial or fungal superinfection
- Cecum or colon infarction
- Jugular vein thrombosis

Arizona State Veterinary Medical Examining Board

Case 18-95 in Re: Courtnee Morton, D.V.M.



Type Written Narrative Account

Ms. Teri Bowman contacted me by Facebook messenger on December 28, 2017 with an inquiry to provide veterinary help for a 2 year old horse that was anorexic since arrival to Tonopah, AZ (time duration was not recorded). I responded with my availability and received a message back indicating some improvement. December 31, 2017 Ms. Bowman again contacted me my Facebook messenger and requested an appointment for me to see her horse that morning, at this time he was still anorexic, had been treated by a veterinarian at Durango Equine Veterinary Clinic (Reportedly on Thursday Dec 28, 2017), and had developed diarrhea.

{ To set the scene for our practice at that particular time: we provide a mobile sports medicine/ hospital platform to the barrel racing futurities that occur at the Buckeye Equestrian Centre on S. Miller Rd. We are not set up for intensive care and/or referral services while at these types of events, but will provide basic veterinary care. }

The patient did present to us at the barrel racing futurity on December 31, 2017; I observed the patient in the horse trailer. On general appearance it was obvious that the patient was markedly sick, in particular, I recall marked toxic mucous membrane color and tachypnea. We did not generate a client consent form, nor a medical record, nor an invoice. It was immediately apparent once that I saw the patient; this was not a case for us to handle at that time and place. I advised referral to Chaparral Animal Hospital, Cave Creek AZ. I called and notified that practice that the patient was coming into them and provided all the necessary information for Ms. Bowman to contact the hospital. She departed promptly as advised.

On January 7, 2018; Ms. Bowman contacting me by Facebook messenger inquiring if I had any furosemide and indicated that Chaparral did not send any. I did not respond to the inquiry as I was not aware of the particulars of the case.

I had no further communication regarding this case with anyone; with exception of general inquiries to Chaparral as to his condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellis Farstvedt".

Ellis Farstvedt DVM, MS, Diplomate ACVS
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406 599-9423
ellis@performanceequinedvm.com

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams - **Recused**
Carolyn Ratajack

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-95

Complainant(s): Teri Bowman

Respondent(s): Courtnee Morton, D.V.M. (License: 7006)

SUMMARY:

Complaint Received at Board Office: 3/29/18

Committee Discussion: 8/7/18

Board IIR: 9/19/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow).

On December 28, 2017, "Frosted Hawk," a 2-year-old gelded American Quarter Horse was presented to Respondent for anorexia and lethargy. After examining the horse, Respondent's preliminary diagnosis was systemic infection of unknown etiology. The horse was treated with Excede and gentamicin as well as an anti-inflammatory. A nasogastric tube was passed and mineral oil, electrolytes, antacid and water was administered to help with ileus and hydration. Complainant declined IV fluids. The horse was discharged.

On December 31, 2017, the horse was presented to Chaparral Veterinary Medical Center due to worsening condition. The horse was hospitalized until January 6, 2018 when Complainant elected to take the horse home due to financial limitations.

Complainant contends Respondent was negligent in the care of the horse.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared telephonically. Counsel, David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Teri Bowman*
- Respondent(s) narrative/medical record: *Courtnee Morton, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Chaparral Veterinary Medical Center; Ellis Farstvedt, DVM; Dr. Lunquist and Dr. Clark – Veterinarians in Idaho.*

PROPOSED 'FINDINGS of FACT':

1. On December 22, 2017, Complainant reported that the horse had been hauled from Idaho to Arizona. The following day, the horse's legs were swollen therefore he was exercised for 45 minutes and all four legs were wrapped. The swelling somewhat improved.

2. On December 24, 2017, the horse's legs were still swollen. He was again exercised and was given Bute paste. The swelling was gone by mid-afternoon. However, the horse was not eating as well as usual – he was eating his grain, and only picking at his hay.

3. Complainant monitored the horse over the next 3 days. The horse was urinating and passing stool and temperature was normal but he remained anorexic and lethargic.

4. On December 28, 2017, the horse was presented to Respondent due to anorexia and lethargy. Upon exam, the horse had a weight = 850 pounds, a temperature = 99.4 degrees, a pulse rate = 52bpm and a respiration rate = 28rpm; he was quiet, alert and responsive. There were signs of mild diarrhea present on hind end and Complainant stated that stool had been slightly loose when he passed his last feces. According to Complainant the horse did not have diarrhea prior to Respondent's treatment. The horse's mucous membranes were bright red; injected. Rectal exam revealed that the horse was slightly gas distended and temperature felt increased during palpation. Serum Amyloid A test = 821. Respondent's differential diagnosis was shipping fever, pneumonia, virus.

5. Dr. Hulse, a senior clinician, also evaluated the horse to help formulate a plan. The findings were relayed to Complainant and the horse was treated with a course of broad-spectrum antibiotics and a low dose of an NSAID:

- Excede 200mg/mL, 13mL IM;
- Gentocin 100mg/mL, 26mL IV;
- Flunixin Meglumine 50mg/mL, 10mL IV; and
- Bucospan 5mL IM.

6. Additionally, a nasogastric tube was passed and the following was administered to help with mild ileus and hydration:

- Mineral oil – ½ gallon;
- Electrolytes – 2 scoops;
- Antacid – 1 bottle; and
- Water – approximately ½ gallon.

7. Blood was collected for testing (CBC, chemistry, fibrinogen) and IV fluids were recommended to help further hydrate the horse; Complainant declined IV fluids. PCV = 46% and TP = 3.6. The horse was discharged with:

- a. Gentocin 100mg/mL, 26mLs IM once a day for four days; and
- b. Banamine Paste 30g tube, 500 pounds dose orally twice a day – start that evening. Do not give day of recheck – January 2, 2018.

8. On December 29, 2017, Complainant reported that the horse was still picking at his food and was now drinking excessive water. His gums appeared improved and temperature was normal but he was starting to have diarrhea. Complainant left a message with Respondent asking about blood results and letting her know the horse had diarrhea. Respondent returned her call later that day stating that the diarrhea was normal and would go away in a couple days and to continue with the antibiotics. There is no record that Respondent spoke with Complainant on this day.

9. On December 30, 2017, Complainant reported that she called Respondent to let her know that the horse's diarrhea had increased and appetite decreased. She further stated that they would no longer be giving the antibiotics to the horse as they felt it was the cause of the horse's diarrhea. According to Complainant, Respondent advised her that it was likely not the antibiotic causing the diarrhea but possibly the nasogastric intubation; it should pass in a day or two and to continue administering the gentocin. Complainant discontinued the antibiotic.

10. Conversely, according to Respondent, Complainant called and reported that the "drenching" caused the horse to worsen and have diarrhea. Respondent advised that the tubing was very unlikely to cause diarrhea, he had signs of diarrhea present upon his exam at the premise. Gentocin can sometimes cause diarrhea and she recommended Complainant discontinue until the recheck.

11. Respondent stated in her narrative that the horse received one dose of Excede and gentocin was given by her at the premise, and a second dose was given by Complainant on the 29th.

12. Blood work revealed the following abnormalities

Total Protein	3.7	5.6 – 8.0
Albumin	1.5	2.2 – 3.9
BUN	31	8 – 26
Calcium	8.9	10.8 – 13.5
Sodium	128	132 – 146
Cholesterol	46	70 – 160

13. On December 31, 2017, the horse was having severe diarrhea and not eating therefore Complainant took the horse to Dr. Farstvedt. Dr. Farstvedt stated in his narrative that he observed the horse in the trailer – it was obvious that the horse was markedly sick with toxic mucous membrane color and tachypnea. The horse was referred to Chaparral Veterinary Medical Center.

14. Later that day the horse was presented to Chaparral Veterinary Medical Center. The horse was examined and Complainant was advised that the horse was very sick and suffering from severe endotoxemia. He was given a grave prognosis and needed aggressive therapy. Complainant approved hospitalization, diagnostics and aggressive treatment.

COMMITTEE DISCUSSION:

The Committee discussed that the treatment Respondent administered to the horse was acceptable. They would have liked the blood results to have been reported earlier but did not feel that rose to the level of a violation, especially due to the holiday.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

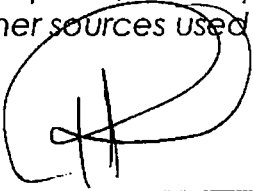
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 ayes and 1 recusal (Ms. Williams).

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division